

L19 000205611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

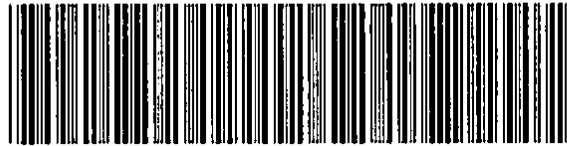
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COVER LETTER

Registration Section
Division of Corporations

GOD'S OWN PIZZA LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SREELEKHA RAJAMMA

Name of Person

GOD'S OWN PIZZA LLC

Firm/Company

3306 WEST MANATEE AVE

Address

BRADENTON, FL 34205

City State and Zip Code

sjoichan@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SREELEKHA RAJAMMA 941 769 1349

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

MBR = Authorized Member

<u>title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
GR	SASIDHARAN JOSHI	21032 RIDDLE AVE	<input type="checkbox"/> Add
		PORT CHARLOTTE, FL-33954	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

SECRET
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STATE
TALAMON, SE
FL

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TAMPA, FL

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SECRET
STATE
TAMPA FL

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Dated JANUARY 27, 2020

Pradeep Rajan

-Signature of a member or authorized representative of a member

SREELEKHA RAJAMMA

Typed or printed name of signee